

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

Physicians Health Plan

NAI		408 NAIC Company	Code <u>95849</u> Employer's	ID Number38-2356288
Organized under the Laws of	Michig	an	, State of Domicile or Port of	Entry MI
Country of Domicile		United State	es of America	
Licensed as business type:		Health Maintena	nce Organization	
Is HMO Federally Qualified?	Yes[] No[X]			
Incorporated/Organized	12/18/1980		Commenced Business _	10/01/1981
Statutory Home Office	1400 East Michiga	n Avenue	,	Lansing , MI, US 48912
	(Street and Nur	nber)	(City o	r Town, State, Country and Zip Code)
Main Administrative Office _			chigan Avenue	-
	Lansing , MI, US 48912	(Street an	d Number)	517-364-8400
(City or	Town, State, Country and Zip Co	ode)	(A	Area Code) (Telephone Number)
Mail Address	1400 East Michigan Ave		,	Lansing , MI, US 48912
	(Street and Number or P.C	•	` .	r Town, State, Country and Zip Code)
Primary Location of Books and	I Records		chigan Avenue Id Number)	
(City or	Lansing , MI, US 48912 Town, State, Country and Zip Co	odo)		517-364-8400 Area Code) (Telephone Number)
•	Town, State, Country and Zip Ot	•	,	ried Gode) (Telephone Number)
Internet Website Address _			ichigan.com	
Statutory Statement Contact		Flood Name)		517-364-8400 (Area Code) (Telephone Number)
	erin.flood@phpmm.org (E-mail Address)			517-364-8407 (FAX Number)
President _ Secretary and Treasurer _	Dennis J. R Thomas Hofm	eese	CERS Chief Financial Officer and Chief Operations Officer Chairperson	
		ОТ	HER	
Diana Rodi	iguez Algra		OR TRUSTEES Butler III	April Clobes
Merritta	Proctor Maynard	Timothy	Hodge DO aufman DO	Thomas Hofman PhD
Brittany	/ Bogan	Deborah	Muchmore	James Tischler Dennis Swan
Paula	Reichle	Dennis	J. Reese	
State of County of	Michigan Ingham	SS:		
all of the herein described as statement, together with relate condition and affairs of the sai in accordance with the NAIC rules or regulations require crespectively. Furthermore, the	sets were the absolute property dexhibits, schedules and explar dreporting entity as of the report Annual Statement Instructions and differences in reporting not relate scope of this attestation by the	of the said reporting entit ations therein contained, a ing period stated above, a and Accounting Practices a ted to accounting practic described officers also in	y, free and clear from any liens annexed or referred to, is a full a nd of its income and deductions nd Procedures manual except t les and procedures, according cludes the related correspondir	porting entity, and that on the reporting period stated above, is or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the is therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state go to the best of their information, knowledge and belief, and electronic filing with the NAIC, when required, that is an go be requested by various regulators in lieu of or in addition
Dennis J. Re President			ofman, PhD nd Treasurer	George Schneider Chief Financial Officer and Chief Operations Officer
Subscribed and sworn to before day of	e me this		a. Is this an original filin b. If no, 1. State the amendm 2. Date filed	

3. Number of pages attached.....

ASSETS

	<u> </u>		Current Statement Date		4
		1	2	3 Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds			0	
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks	50,835,468	578,265	50,257,204	47,428,974
3.	Mortgage loans on real estate:				
	3.1 First liens			0	
	3.2 Other than first liens			0	
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	encumbrances)	2.911.162	0	2.911.162	1.888.509
	4.2 Properties held for the production of income (less				
	\$encumbrances)			0	
	4.3 Properties held for sale (less \$			0	
	encumbrances)			0	
5.	Cash (\$(3,774,631)), cash equivalents				
	(\$) and short-term				
	investments (\$27,775,968)	24,001,337		24,001,337	23,525,995
6.	Contract loans (including \$ premium notes)			0	
7.	Derivatives			0	
8.	Other invested assets				11,544,831
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
	Aggregate write-ins for invested assets				
11.	Subtotals, cash and invested assets (Lines 1 to 11)				
12.	·	09,330,200		00,900,013	94,300,309
13.	Title plants less \$ charged off (for Title insurers				
	only)				
14.	Investment income due and accrued	9,700	0	9,700	6,848
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	740,089	70 , 101	669,988	496,935
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
	earned but unbilled premiums)			0	
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$)			0	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	266.836	0	266,836	931,935
	16.2 Funds held by or deposited with reinsured companies			0	
	16.3 Other amounts receivable under reinsurance contracts			0	
47				0	
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon			0	
18.2				0	
19.	Guaranty funds receivable or on deposit			0	
20.	Electronic data processing equipment and software	3,487,327	2,082,270	1,405,056	1,629,277
21.	Furniture and equipment, including health care delivery assets				
	(\$	657,333	657,333	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	
23.	Receivables from parent, subsidiaries and affiliates	1,641,952	0	1,641,952	1,052,915
24.	Health care (\$2,478,398) and other amounts receivable	3,029,715	796,583	2,233,131	2,554,393
25.	Aggregate write-ins for other than invested assets		1,443,009	0	0
26.	Total assets excluding Separate Accounts Segregated Accounts and		, ,		
_0.	Protected Cell Accounts (Lines 12 to 25)	100,814,240	5,627,562	95,186,679	91,060,612
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
00	Accounts		5,627,562	95, 186, 679	91,060,612
28.	Total (Lines 26 and 27) DETAILS OF WRITE-INS	100,814,240	3,027,302	95, 160, 079	91,000,012
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.	PREPAIDS	1,443,009	1,443,009	0	0
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page		0	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,443,009	1,443,009	0	0
	,	, ,	, ,		

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAP	1171271112	Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$141,086 reinsurance ceded)	17,036,432	757 , 175	17,793,607	16,203,473
2.	Accrued medical incentive pool and bonus amounts	521,554		521,554	464,000
3.	Unpaid claims adjustment expenses	317,136		317 , 136	302,867
4.	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	,		0	0
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserve			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance				
9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon	, , .		, ,	, , , ,
	(including \$ on realized gains (losses))			0	0
10.0					0
	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				16,680
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates	1,357,786		1,357,786	3,425,616
16.	Derivatives	•		0	0
17.	Payable for securities			0	0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$)				
20.	companies			0	0
21	Net adjustments in assets and liabilities due to foreign exchange rates				0
21.					0
22.	Liability for amounts held under uninsured plans				0
23.	Aggregate write-ins for other liabilities (including \$	0	0	0	0
	current)				0
	Total liabilities (Lines 1 to 23)		757 , 175		
25.	Aggregate write-ins for special surplus funds			, , ,	0
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	63,352,811	62,100,261
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
	\$)	XXX	XXX		
	32.2 shares preferred (value included in Line 27				
	\$)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)		XXX	65,051,025	62,100,261
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	95,186,679	91,060,613
04.	DETAILS OF WRITE-INS	7000	7000	00,100,070	01,000,010
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0		0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.	Estimated subsequent year assessment for ACA Section 9010 fee				0
2502.		XXX	xxx		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	xxx	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	xxx	1,698,214	0
3001.	3		XXX		
3002.			XXX		
3002.			XXX		
			XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page			0	
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	U	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX			434,859
2.	Net premium income (including \$ non-health				
	premium income)	xxx	48,700,360	44,914,976	177,443,519
3.	Change in unearned premium reserves and reserve for rate credits				
4.	Fee-for-service (net of \$ medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	XXX	48,700,360	44,914,976	177,443,519
	Hospital and Medical: Hospital/medical benefits		06 100 010	OF 200 044	00 571 000
9. 10.	Other professional services				
11.	Outside referrals				7,307,209
12.	Emergency room and out-of-area				14,541,230
13.	Prescription drugs		, , ,	, , .	36,977,441
14.	Aggregate write-ins for other hospital and medical				0
15.	Incentive pool, withhold adjustments and bonus amounts				469,863
16.	Subtotal (Lines 9 to 15)				158,946,853
	Less:				
17.	Net reinsurance recoveries		(85,456)	67,519	1,259,867
18.	Total hospital and medical (Lines 16 minus 17)	0	43,103,855	39,215,808	157,686,985
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$910,919 cost				
	containment expenses				
21.	General administrative expenses		4,136,618	4,487,405	17,079,170
22.	Increase in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned		109,406	87 , 157	1,331,519
26.	Net realized capital gains (losses) less capital gains tax of \$0			110 040	256,252
27.	\$				1,587,771
28.	Net gain or (loss) from agents' or premium balances charged off [(amount		100,400	100,000	1,507,771
20.	recovered \$				
	(amount charged off \$)]				
29.	Aggregate write-ins for other income or expenses	0	(4, 193)	0	0
30.	Net income or (loss) after capital gains tax and before all other federal				
	income taxes (Lines 24 plus 27 plus 28 plus 29)		237,230	(30,615)	(1,217,347)
31.	Federal and foreign income taxes incurred				
32.	Net income (loss) (Lines 30 minus 31)	XXX	237,230	(30,615)	(1,217,347)
	DETAILS OF WRITE-INS				
0601.				0	
0602.					
0603.		XXX			
0698.		XXX	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	U
0701.				0	
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page		0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.	Other Medical	0	6,895	0	0
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	6,895	0	0
2901.	Loss on disposal of asset	0	(4, 193)	0	0
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page		0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(4,193)	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	PENSES (C	ontinued	,
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	62,100,258	58 , 178 , 083	58 , 178 , 083
34.	Net income or (loss) from Line 32	237,230	(30,615)	(1,217,347)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	3,111,395	800,567	4,486,135
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(397,860)	(119,985)	653,388
40	Change in unauthorized and certified reinsurance	0		
41.	Change in treasury stock	0		
42.	Change in surplus notes	0		
43.	Cumulative effect of changes in accounting principles.			
44.	Capital Changes:			
	44.1 Paid in	0		
	44.2 Transferred from surplus (Stock Dividend)	0		
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	0		
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	2,950,765	649,966	3,922,176
49.	Capital and surplus end of reporting period (Line 33 plus 48)	65,051,023	58,828,049	62,100,258
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	48,069,352	43,300,809	178,496,558
2.	Net investment income	106,555	85,277	1,326,208
3.	Miscellaneous income	(539,515)	8,531	202,343
4.	Total (Lines 1 to 3)	47,636,392	43,394,617	180,025,109
5.	Benefit and loss related payments	40,106,393	38,845,923	156,999,546
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	5,366,483	4,150,784	24,025,242
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	0
10.	Total (Lines 5 through 9)	45,472,876	42,996,707	181,024,788
11.	Net cash from operations (Line 4 minus Line 10)	2,163,515	397,910	(999,679)
11.	Net cash from operations (Line 4 fillings Line 10)	2,100,313	397,910	(999,079)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	0	(4)	0
	12.2 Stocks	0	2,019,006	2,835,276
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	0
	12.5 Other invested assets	0	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	4
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	2,019,002	2,835,280
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	0	0	0
	13.2 Stocks	96,217	96,696	2, 133, 121
	13.3 Mortgage loans	0	0	0
	13.4 Real estate		0	0
	13.5 Other invested assets		0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	1,161,494	96,696	2,133,121
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,161,494)	1,922,306	702,159
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock			0
	16.3 Borrowed funds		0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
	16.5 Dividends to stockholders			0
	16.6 Other cash provided (applied)	(526,678)	775,407	6,624,304
17.		(526,678)	775,407	6,624,304
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.		475,343	3 095 623	6,326,783
19.	, , , ,			
19.	Cash, cash equivalents and short-term investments:	23,525,994	17,199,210	17, 199, 210
	19.1 Beginning of year	24,001,337	20,294,833	23,525,994

Note: Supplemental disclosures of cash flow information for non-cash transactions:		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehe (Hospital &	ensive Medical)	4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	36,158	3,026	33 , 132	0	0	0	0	0	0	
2. First Quarter	39,366	6,955	32,411							
3. Second Quarter										
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	117,483	19,985	97,498							
Total Member Ambulatory Encounters for Period:										
7 Physician	56,852	6,898	49,954							
8. Non-Physician	27,705	2,593	25,112							
9. Total	84,557	9,491	75,066	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	2,137	374	1,763							
11. Number of Inpatient Admissions	614	88	526							
12. Health Premiums Written (a)	49,041,552	4,754,485	44,287,067							
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	49,041,552	4,754,485	44,287,067							
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	42,025,900	3,464,718	38,561,182							
18. Amount Incurred for Provision of Health Care Services	43,018,399	4,742,663	38,275,736							

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims								
1	2	3	4	5	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total		
Claims Unpaid (Reported)								
						0		
0199999. Individually listed claims unpaid	0	0	0	0	0	0		
			•••••					
0299999 Aggregate accounts not individually listed-uncovered	79,107	4,246	591	69	0	84,012		
0399999 Aggregate accounts not individually listed-covered	1,779,899	95,527	13,295		0	1,890,277		
0499999 Subtotals	1,859,006	99,773	13,886	1,625	0	1,974,290		
0599999 Unreported claims and other claim reserves						15,960,404		
0699999 Total amounts withheld								
0799999 Total claims unpaid						17,934,693		
0899999 Accrued medical incentive pool and bonus amounts						521,554		

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR						
	Claims		Liab		5	6
	Year to		End of Curre	ent Quarter	4	
	1	2	3	4		F ::
						Estimated Claim
	On		On	•	Claims Incurred in	Reserve and
	Claims Incurred Prior	On	Claims Unpaid	On	Prior Years	Claim Liability
U (D)	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred		December 31 of
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year
Comprehensive (hospital and medical)	11,472,684	30,553,215	3,625,047	14, 168, 560	15,097,731	16,203,473
1. Comprision (Notice and Modela)	11, 112,001					
2. Medicare Supplement					0	0
3. Dental Only					0	Λ
3. Define Only					0	0
4. Vision Only					0	0
, and the second						
					0	•
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
o. Hile XVIII Medicare						
7 Title XIX - Medicaid					0	0
8. Other health					0	0
8. Other neath					0	0
9. Health subtotal (Lines 1 to 8)	11,472,684	30,553,215	3,625,047	14,168,560	15,097,731	16,203,473
	4 054 400		4 400 005	4 000 500	0.000.040	0 400 070
10. Healthcare receivables (a)	1,254,406	0	1,408,835	1,069,563	2,663,240	3,163,073
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	0	0	436,988	84,565	436,988	464,000
49. Tatala // inca 0.40.44.49)	10,218,278	30,553,215	2,653,200	13, 183, 562	12,871,479	13,504,400
13. Totals (Lines 9-10+11+12)	10,218,278	ას, ააა, 215	2,000,200	13, 103,302	12,011,419	13,304,400

⁽a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

NOTE 1

Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Physicians Health Plan are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS). Effective December 31, 2015 Sparrow PHP sold 100 percent of membership to an unaffiliated health plan. The commissioner of DIFS approved the merger of Sparrow PHP into Physicians Health Plan effective April 1, 2017.

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

A reconciliation of Physicians Health Plan's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

10 0110		SSAP#	F/S Page	F/S Line #	2017	2016
NET II	NCOME					
(1)	State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	237,230	(1,217,347)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	237,230	(1,217,347)
SURP	LUS					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	65,051,025	62,100,261
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	65,051,025	62,100,261

B. Use of Estimates

In preparing the financial statements in conformity with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual, management makes estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- Short term investments are stated at amortized cost or at market value depending upon the respective investment.
- 2. Bonds
 Not applicable
- 3. Common stocks are stated at market value.
- 4. Preferred stocks Not applicable
- 5. Mortgage loans Not applicable
- 6. Loan-backed securities
- 7. Investments in subsidiaries, controlled and affiliated companies

PHP records its investment in Sparrow PHP, a wholly owned subsidiary licensed as a Health Maintenance Organization (HMO) by the state of Michigan, using the audited statutory equity method and reports the increase or decrease in the investment as a change in unrealized gain or loss for capital & surplus.

PHP records its investment in PHP Service Company, a wholly owned subsidiary licensed as a Third Party Administrator by the state of Michigan, using the audited statutory equity method and reports the increase or decrease in the investment as a change in unrealized gain or loss for capital & surplus.

PHP records its investment in PHP Insurance Company, a wholly owned subsidiary licensed by the state of Michigan, using the audited statutory equity method and reports the increase or decrease in the investment as a change in unrealized gain or loss for capital & surplus.

- 8. Investments in joint ventures, partnerships and limited liability companies Not applicable
- 9. Derivatives
- Not applicable
- Premium deficiency reserves Not applicable
- 11. Estimating the liabilities for losses and loss/claim adjustment expenses: Estimates on unpaid losses are based upon the plan's past experience, individual case estimates and an estimate for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. Loss/claim adjustment expenses related to claims are accrued based on estimates of
- 12. PHP has not modified its capitalization from the prior period.

expenses to process those claims.

13. Estimating pharmaceutical rebate receivables: Estimates on pharmaceutical rebate receivables are based on historical per member data for periods in which the rebates have been substantially received. This estimate is applied to periods in which future balances are expected, reduced by receipts to-date.

D. Going Concern

The principle conditions of our current environment that would raise doubt as to the ability of the plan to continue as a going concern would include the variability and uncertainty of the current health care marketplace. While potentially significant, Management has developed plans to alleviate the potential for going concern by reviewing budgeted trends for the Health System as well as Physicians Health Plan for 2017, diversification of the products we offer on and off the marketplace, and proper underwriting for new and renewing membership.

NOTE 2 Accounting Changes and Corrections of Errors

Not Applicable

NOTE 3 Business Combinations and Goodwill

Not Applicable

NOTE 4 Discontinued Operations

Not Applicable

NOTE 5

A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable

B. Debt Restructuring Not Applicable

C. Reverse Mortgages Not Applicable

D. Loan-Backed Securities Not Applicable

E. Repurchase Agreements and/or Securities Lending Transactions Not Applicable

F. Writedowns for Impairments of Real Estate and Retail Land Sales Not Applicable

G. Low Income Housing Tax Credits Not Applicable

H. Restricted Assets

	_	1	2	3	4	5	6	7
		Total Gross	Total Gross					
		(Admitted &	(Admitted &		Total Current		Gross (Admitted	Admitted
		Nonadmitted)	Nonadmitted)	Increase/	Year		& Nonadmitted)	Restricted to
	B	Restricted from	Restricted from	(Decrease)	Nonadmitted	Restricted	Restricted to	Total Admitted
	Restricted Asset Category	Current Year	Prior Year	(1 minus 2)	Restricted	(1 minus 4)	Total Assets (a)	Assets (b)
a.	Subject to contractual obligation for which liability is not shown			0		0	0.000	0.00
b.	Collateral held under security lending agreements			0		0	0.000	0.00
C.	Subject to repurchase agreements			0		0	0.000	0.00
d.	Subject to reverse repurchase agreements			0		0	0.000	0.00
e.	Subject to dollar repurchase agreements			0		0	0.000	0.00
f.	Subject to dollar reverse repurchase agreements			0		0	0.000	0.00
g.	Placed under option contracts			0		0	0.000	0.00
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock			0		0	0.000	0.00
i.	FHLB capital stock			0		0	0.000	0.00
j.	On deposit with states	1,157,524	1,156,499	1,025	0	1,157,524	1.148	1.21
k.	On deposit with other regulatory bodies							
I.	Pledged collateral to FHLB (including assets backing funding agreements)			0		0	0.000	0.00
m.	Pledged as collateral not captured in other categories			0		0	0.000	0.00
n.	Other restricted assets							
0.	Total Restricted Assets							

- (a) Column 1 divided by Asset Page, Column 1, Line 28
- (b) Column 5 divided by Asset Page, Column 3, Line 28
- 2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) Not Applicable
- 3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) Not Applicable
- 4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements Not Applicable
- I. Working Capital Finance Investments Not Applicable
- J. Offsetting and Netting of Assets and Liabilities Not Applicable

K. Structured Notes Not Applicable

L. 5* Securities Not Applicable

M. Short Sale Securities Not Applicable

N. Prepayment Penalty and Acceleration Fees Not Applicable

NOTE 6

Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

Investments Income

No Significant Change

Derivatives Instruments

Not Applicable

NOTE 9

Income Taxes

No Significant Change

NOTE 10

Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No Significant Change

NOTE 11 Debt

Not Applicable NOTE 12

Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No Significant Change

NOTE 13

Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No Significant Change

NOTE 14 Liabilities, Contingencies and Assessments

Not Applicable

NOTE 15

Not Applicable

NOTE 16

Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not Applicable

NOTE 17

Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable

NOTE 18

Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not Applicable

Direct Premium Written / Produced by Managing General Agents / Third Party Administrators

NOTE 20

Fair Value Measurement

A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value

(1) Items Measured at Fair Value by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded common stocks and mutual funds. The estimated fair value of the equity securities within this category are based on quoted prices in active markets and are therefore classified as Level 1.

Level 2 - Significant Other Observable Inputs: This category, for items measured at fair value on a recurring basis, includes bonds which are not exchange traded and common stock of a subsidiary which is valued using an adjusted market method. The estimated fair values of some of these bonds were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded. The Company has no Level 2 assets or liabilities.

Level 3 - Significant Unobservable Inputs: The Company has no Level 3 assets or liabilities

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value Mutual Funds				37.411.782
Short-Term Investments	27,775,968			
Total assets at fair value	65,187,750	0	0	65,187,750

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

No transfers between Levels 1 and 2 occurred during the current year.

(2) Rollforward of Level 3 Items

The Company has no assets or liabilities measured at fair value in the Level 3 category.

(3) Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

(4) Inputs and Techniques Used for Level 2 and Level 3 Fair Values

The Company has no assets or liabilities measured at fair value in the Level 2 or 3 categories.

(5) Derivative Fair Values

Not applicable.

B. Other Fair Value Disclosures

Not applicable.

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

						Not
						Practicable
	Aggregate	Admitted				(Carrying
Type of Financial Instrument	Fair Value	Assets	(Level 1)	(Level 2)	(Level 3)	Value)
Mutual Funds	37,411,782	37,411,782	37,411,782	0	0	
Short-Term Investments	27,775,968	27,775,968	27,775,968	0	0	

D. Not Practicable to Estimate Fair Value Not applicable

NOTE 21 Other Items

No Significant Change

NOTE 22

Events Subsequent

No Significant Change

Note 23 Reinsurance

No Significant Change

NOTE 24

Retrospectively Rated Contracts & Contracts Subject to Redetermination

A-C. The Company does not participate in traditional retrospectively rated contracts.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act. Not applicable

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes[X] No[]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

AMOUNT

Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustmen	ts receivable due to ACA Risk Adjustment	0
Liabilities		
2. Risk adjustment use	er fees payable for ACA Risk Adjustment	
Premium adjustmen	ts payable due to ACA Risk Adjustment	
Operations (Revenue & Expe	ense)	

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) Transitional ACA Reinsurance Program

1. Amounts recoverable for claims paid due to ACA Reinsurance 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium 5. Ceded reinsurance premiums payable due to ACA Reinsurance

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance

9. ACA Reinsurance contributions – not reported as ceded premium Temporary ACA Risk Corridors Program

Assets

1. Accrued retrospective premium due to ACA Risk Corridors Liabilities 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors

3. Effect of ACA Risk Corridors on net premium income (paid/received)

4. Effect of ACA Risk Corridors on change in reserves for rate credits

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

reasons for adjustments to p											
	Accrued Dur	ing the Prior	Received or F	Paid as of the						Unsettled Ba	alances as of
	Year on Busi	ness Written	Current Year	on Business	Differ	ences	Ad	justments		the Repo	rting Date
	Before Dec	c. 31 of the	Written Befor	re Dec. 31 of	Prior Year	Prior Year				Cumulative	Cumulative
	Prior	Year	the Pric	or Year	Accrued	Accrued				Balance	Balance
					Less	Less	To Prior	To Prior		from Prior	from Prior
					Payments	Payments	Year	Year		Years (Col 1	Years (Col 2
					(Col 1 - 3)	(Col 2 - 4)	Balances	Balances		- 3 + 7)	- 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Pavable)	Receivable	(Pavable)	Receivable	(Pavable)	Ref	Receivable	(Pavable)
Permanent ACA Risk Adjustment Program		(i dyddio)	11000110010	(i uyubio)	11000110010	(i dyddio)	11000110010	(i dyddio)		11000110010	(i dyddio)
Premium adjustments receivable					0	0			Α	0	0
Premium adjustments									В		
(payable)		, , ,				, , , ,		, , ,	В		(4,110,000)
Adjustment Programb. Transitional ACA Reinsurance Program	0	(3,534,252)	0	0	0	(3,534,252)	0	(575,748)		0	(4,110,000)
Amounts recoverable for claims paid	123,019		9,432		113,587	0	20,305		С	133,892	0
Amounts recoverable for claims unpaid (contra liability)					0	0			D	0	0
Amounts receivable relating to uninsured plans					0	0			E	0	0
Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium					0	0			F	0	0
5. Ceded reinsurance premiums payable					0	0			G	0	0
Liability for amounts held under uninsured plans					0	0			Н	0	0
Subtotal ACA Transitional Reinsurance Program	123.019	0	9.432	0	113.587	0	20.305	0		133.892	0
c. Temporary ACA Risk Corridors Program											
Accrued retrospective premium					0	0			1	0	0
Reserve for rate credits or policy experience rating refunds					0	0			J	0	0
Subtotal ACA Risk Corridors Program					0	0	0	0	-		0
d. Total for ACA Risk Sharing Provisions	123,019						20,305				(4,110,000)
	.,,,,	, , , , , , , , , , , , , , , , , , , ,									

Program	0	0	0	0	0	
d. Total for ACA Risk Sharing					İ	l
Provisions	123,019	(3,534,252)	9,432	0	113,587	(3
Explanations of Adjustments						
A.						
В.						
Adjustment made to payable b	alance at vea	r end due to	information a	vailable afte	r issuance d	ate
С.						
Adjustment for development or	n claime euhie	oct to 2016 re	incurance nr	ogram		
D.	i ciaimo sabje	.01 10 20 10 10	insurance pr	ogram.		
Б.						
F						
Ε.						
_						
F.						
_						
G.						
H.						
I.						

J.

(4) Roll-Forward of Risk Corrido											
Risk Corridors Program Year			Received or F							Unsettled Ba	alances as of
	Year on Bus	iness Written	Current Year	on Business	Differ	ences	Ad	justments		the Repo	rting Date
	Before De	c. 31 of the	Written Before	re Dec. 31 of	Prior Year	Prior Year				Cumulative	Cumulative
	Prior	Year	the Price	or Year	Accrued	Accrued				Balance	Balance
					Less	Less	To Prior	To Prior		from Prior	from Prior
					Payments	Payments	Year	Year		Years (Col 1	
				1	(Col 1 - 3)	(Col 2 - 4)	Balances	Balances		- 3 + 7)	- 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
Accrued retrospective premium					0	0			Α	0	0
Reserve for rate credits or policy experience rating refunds					0	0			В	0	0
b. 2015											
Accrued retrospective premium					0	0			С	0	0
Reserve for rate credits or policy experience rating refunds					0				D		
c. 2016					0	0				0	0
Accrued retrospective premium					0	0			Е	0	0
Reserve for rate credits or policy experience rating refunds					0	0			F	0	0
d. Total for Risk Corridors	0	0	0	0	0	0	0	0		0	0

(5) ACA Risk Corridors Receivable as of Reporting Date 2 3 5 6 Estimated Asset Balance Amount to be Non-accrued Filed or Final Amount Filed Amounts for Impairment or Amounts received from (Gross of Non-admissions) Net Admitted Non-admitted Risk Corridors Program Year with CMS Other Reasons CMS (1-2-3)Amount Asset (4 - 5) a. 2014 b. 2015 c. 2016 ...

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

d. Total (a + b + c)

Note 25

Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2016 were \$16.2 million. As of March 31, 2017, \$11.1 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now approximately \$3.6 million due to re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior-year development of approximately \$1.5 million from December 31, 2016 to March 31, 2017. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates increase or decrease, as additional information becomes known regarding individual claims.

Note 26 Intercompany Pooling Arrangements

Not Applicable

Note 27 Structured Settlements

Not Applicable

NOTE 28
Health Care Receivables

No Significant Change

Note 29 Participating Policies

· u.u.o.pu....g · o...o..

Note 30

Not Applicable

Premium Deficiency Reserves

Not Applicable

Note 31

Anticipated Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the fi Domicile, as required by the Model Act?	iling of Disclosure of Material Trans	actions with the	State of		Yes [] No	[X]
1.2	If yes, has the report been filed with the domiciliary state?					Yes [] No	[]
2.1	Has any change been made during the year of this statement in the charter reporting entity?					Yes [] No	[X]
2.2	If yes, date of change:							
3.1	Is the reporting entity a member of an Insurance Holding Company System is an insurer? If yes, complete Schedule Y, Parts 1 and 1A.					Yes [X] No	[]
3.2	Have there been any substantial changes in the organizational chart since	the prior quarter end?				Yes [] No	[X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.							
4.1	Has the reporting entity been a party to a merger or consolidation during the	he period covered by this statement	?			Yes [] No	[X]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of do ceased to exist as a result of the merger or consolidation.	omicile (use two letter state abbrevi	ation) for any en	tity that has				
	1 Name of Entity	2 NAIC Company Code	3 State of Domi	cile				
5.	If the reporting entity is subject to a management agreement, including thirr in-fact, or similar agreement, have there been any significant changes reg If yes, attach an explanation.	d-party administrator(s), managing garding the terms of the agreement	general agent(s) or principals invo	, attorney- olved?	Yes [] No [Х]	N/A [
6.1	State as of what date the latest financial examination of the reporting entity	was made or is being made				12/	′31/20 ⁻	15
6.2	State the as of date that the latest financial examination report became availate should be the date of the examined balance sheet and not the date to					12/	′31/20 ⁻	15
6.3	State as of what date the latest financial examination report became availa the reporting entity. This is the release date or completion date of the example date).	mination report and not the date of	the examination	(balance sh	eet	10/	′06/20 [·]	16
6.4 6.5	By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial examina statement filed with Departments?	ation report been accounted for in a	subsequent fina	ncial	Yes [] No []	N/A [X
6.6	Have all of the recommendations within the latest financial examination rep	oort been complied with?			Yes [] No [Х]	N/A [
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrevoked by any governmental entity during the reporting period?					Yes [] No	[X]
7.2	If yes, give full information:							
8.1	Is the company a subsidiary of a bank holding company regulated by the Fe	ederal Reserve Board?				Yes [] No	[X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding comp	pany.						
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?	?				Yes [] No	[X]
8.4	If response to 8.3 is yes, please provide below the names and location (city regulatory services agency [i.e. the Federal Reserve Board (FRB), the Off Insurance Corporation (FDIC) and the Securities Exchange Commission (fice of the Comptroller of the Currer	ncy (OCC), the F	ederal Depo				
	1 Affiliate Name	2 Location (City, State)	3 FRI	4 OCC	5 FDIC	6 SEC		
		• • • • • • • • • • • • • • • • • • • •					1	

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	sonal and professional	Yes [X] No []
9.11	If the response to 9.1 is No, please explain:		
9.2 9.21	Has the code of ethics for senior managers been amended?		Yes [] No [X]
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?		Yes [] No [X]
	FINANCIAL		
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? If yes, indicate any amounts receivable from parent included in the Page 2 amount:		
	INVESTMENT		
	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or oth use by another person? (Exclude securities under securities lending agreements.)		Yes [] No [X]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:	\$	0
13.	Amount of real estate and mortgages held in short-term investments:		
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?		Yes [X] No []
14.2	If yes, please complete the following:		
		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
	Bonds		\$0
	Preferred Stock Common Stock		\$0
	Short-Term Investments		\$13,423,686 \$0
	Mortgage Loans on Real Estate		\$0
	All Other		\$11,790,313
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		\$25,213,999
	Total Investment in Parent included in Lines 14.21 to 14.26 above		\$0
15.1 15.2	Has the reporting entity entered into any hedging transactions reported on Schedule DB?		

GENERAL INTERROGATORIES

For the reporting entity's security le	maing program, state the amount of th								
	ue of reinvested collateral assets repor								
16.2 Total book as	djusted/carrying value of reinvested col	lateral assets reported on Schedule	DL, Parts 1 and 2	\$					
16.3 Total payable	e for securities lending reported on the	liability page		\$					
Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?									
	1		2						
	Custodian(s)	Custod	lian Address						
BNY Mellon		One Mellon Center, Pittsburgh, P	² A 19458-0001						
For all agreements that do not com location and a complete explanati	nply with the requirements of the NAIC ion:	Financial Condition Examiners Han	dbook, provide the name,						
1 Name(s)	2 Location(s)	Comple	3 ete Explanation(s)						
Have there been any changes, incl If yes, give full information relating	luding name changes, in the custodian thereto:	(s) identified in 17.1 during the curre	ent quarter?	Yes [] No [X					
If yes, give full information relating	thereto:	3	4	Yes [] No [X					
If yes, give full information relating Old Custodian Investment management – Identify	thereto: 2 New Custodian all investment advisors, investment m	Date of Change anagers, broker/dealers, including in	4 Reason ndividuals that have the authority to						
If yes, give full information relating 1 Old Custodian Investment management – Identify make investment decisions on be such. ["that have access to the	thereto: 2 New Custodian	Date of Change anagers, broker/dealers, including in that are managed internally by emplorities"] 2 Affiliation	4 Reason ndividuals that have the authority to						
If yes, give full information relating 1 Old Custodian Investment management – Identify make investment decisions on be such. ["that have access to the Name of SEI	thereto: 2 New Custodian r all investment advisors, investment methalf of the reporting entity. For assets to investment accounts"; "handle secution for the reporting entity in the reporting entity.	anagers, broker/dealers, including in that are managed internally by emplorities"] 2 Affiliation U	4 Reason Individuals that have the authority to oyees of the reporting entity, note a solution with the reporting entity (i.e.	o as					
If yes, give full information relating 1 Old Custodian Investment management – Identify make investment decisions on be such. ["that have access to the Name of SEI	thereto: 2	Date of Change anagers, broker/dealers, including in that are managed internally by emplorities"] 2 Affiliation U	4 Reason Individuals that have the authority to oyees of the reporting entity, note a with the reporting entity (i.e.	yes [X] No [
If yes, give full information relating 1 Old Custodian Investment management – Identify make investment decisions on be such. ["that have access to the Name of SEI	thereto: 2	Date of Change anagers, broker/dealers, including in that are managed internally by emplorities"] Affiliation U lo any firms/individuals unaffiliated wentity's assets? lignated with a "U") listed in the table the reporting entity's assets?	4 Reason Individuals that have the authority to oyees of the reporting entity, note and the reporting entity (i.e.	Yes [X] No [
If yes, give full information relating 1 Old Custodian Investment management – Identify make investment decisions on be such. ["that have access to the SEI	thereto: 2	Date of Change anagers, broker/dealers, including in that are managed internally by emplorities"] Affiliation U lo any firms/individuals unaffiliated wentity's assets? lignated with a "U") listed in the table the reporting entity's assets?	4 Reason Individuals that have the authority to oyees of the reporting entity, note and the reporting entity (i.e.	Yes [X] No [Yes [X] No [the					
If yes, give full information relating 1 Old Custodian Investment management – Identify make investment decisions on be such. ["that have access to the SEI	New Custodian reall investment advisors, investment methalf of the reporting entity. For assets to investment accounts"; "handle section of Individual still listed in the table for Question 17.5, or anage more than 10% of the reporting entity (i.e. destended with the reporting entity (i.e. destended aggregate to more than 50% of the in the table for 17.5 with an affiliation of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to mor	anagers, broker/dealers, including in that are managed internally by emplorities"] 2 Affiliation U	4 Reason Individuals that have the authority to oyees of the reporting entity, note a swith the reporting entity (i.e. For Question 17.5, does the interest of the information for the reporting entity (i.e.)	Yes [X] No [Yes [X] No [he Investment Management Agreement					
If yes, give full information relating 1 Old Custodian Investment management – Identify make investment decisions on be such. ["that have access to the SEI	New Custodian reall investment advisors, investment methalf of the reporting entity. For assets to investment accounts"; "handle section of Individual still listed in the table for Question 17.5, or anage more than 10% of the reporting entity (i.e. destended with the reporting entity (i.e. destended aggregate to more than 50% of the in the table for 17.5 with an affiliation of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to more than 50% of the reporting entity (i.e. destended aggregate to mor	anagers, broker/dealers, including in that are managed internally by emplorities"] 2 Affiliation U	4 Reason Individuals that have the authority to oyees of the reporting entity, note a swith the reporting entity (i.e. For Question 17.5, does the interest of the information for the reporting entity (i.e.	Yes [X] No [Yes [X] No [The Street Agreement (IMA) Filed					

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent	 90.4 %
	1.2 A&H cost containment percent	 1.9 %
	1.3 A&H expense percent excluding cost containment expenses	 6.6 %
2.1	Do you act as a custodian for health savings accounts?	 Yes [] No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$
2.3	Do you act as an administrator for health savings accounts?	 Yes [] No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date	\$

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NAIC Type of Type of Effective Certified Date of Peinsurer	Showing All New Reinsurance Treaties - Current Year to Date 1 2 3 4 5 6 7 8											
Column C		2	3	4				Certified	Effective Date of			
1982 1982	Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	I ype of Reinsurance Ceded	Type of Reinsurer	Reinsurer Rating (1 through 6)	Certified Reinsurer Rating			
	10227	13-4924125	01/01/2017 Munich Reinsurance	e America. Inc	DE	ASL/A/I	Authorized					
		 										
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories Direct Business Only Federal Employees Health Annuity Premiums & Other Property/ Casualty Accident and **Benefits** Total Active Health Medicaid Program Columns 2 Deposit-Type Premiums States, etc Status Title XVIII Title XIX Premiums Consideration Premiums Through 7 Contracts 1. Alabama ALN. Alaska. 2. AK N 0 3. Arizona. ΑZ .N. 0 4. Arkansas AR N 0 California .. 5. CA N 0 6. Colorado 0 CO N 7. Connecticut CT N 0 8. Delaware 0 DE N District of Columbia . DC 9. N 0 10. Florida .. FL .N. 0 Georgia 11. .. GA N 0 12. Hawaii ... HI .N. 0 13. Idaho .. ID N 0 Illinois 14. Ш N 0 15. Indiana .. IN N 0 16. lowa .. IΑ N 0 17. Kansas KS N. 0 18. Kentucky. ΚY N 0 19. Louisiana. LA .N. 0 20. Maine. MF N 0 21. Maryland .. MD N. 0 22. Massachusetts .. MA N 0 49.041.552 49.041.552 23. Michigan. MI L 24. Minnesota N 0 MN Mississippi .. 25. MS N 0 26. Missouri . MO N. 0 27. Montana MT N 0 28. Nebraska. NE .N. 0 29. Nevada .. NV N 0 30. New Hampshire NH N 0 31. New Jersey NJ N 0 32. New Mexico .. NM N 0 33. New York .. . NY N 0 North Carolina ... 34. NC N 0 35. North Dakota ND N. 0 36. Ohio. ОН N 0 37. Oklahoma OK .N. 0 38. Oregon .. OR N 0 39. Pennsylvania PA N 0 40. Rhode Island 0 RI N South Carolina 41. .. SC N 0 42. South Dakota .. 0 SD N. 43. Tennessee TN N 0 44. Texas. TX .N. 0 45. Utah ... UT N 0 46. Vermont. VT N. 0 47. Virginia .. VA N 0 48. Washington. WA N 0 West Virginia .. 49. . WV N 0 Wisconsin 50. WI N 0 51. Wyoming. WY N. 0 American Samoa AS 52. N 0 53. Guam .. GU .N. 0 Puerto Rico .. 54. PR N 0 55. U.S. Virgin Islands ... VI N 0 Northern Mariana 56. N 0 Islands MP 57. Canada CAN N 0 Aggregate Other 58. 0 0 0 0 OT XXX 0 0 0 0 59. 49.041.552 49 041 552 Subtotal XXX 0 0 0 0 0 0 Reporting Entity 60. Contributions for Employee Benefit Plans XXX Totals (Direct Business) 49,041,552 0 0 0 0 49,041,552 0 61. (a) DETAILS OF WRITE-INS 58001 XXX 58002 58003. Summary of remaining write-ins for Line 58 from 58998. overflow page. XXX ..0 ..0 ..0 0 ..0 0 ..0 0 Totals (Lines 58001 through 58999. 58003 plus 58998)(Line 58

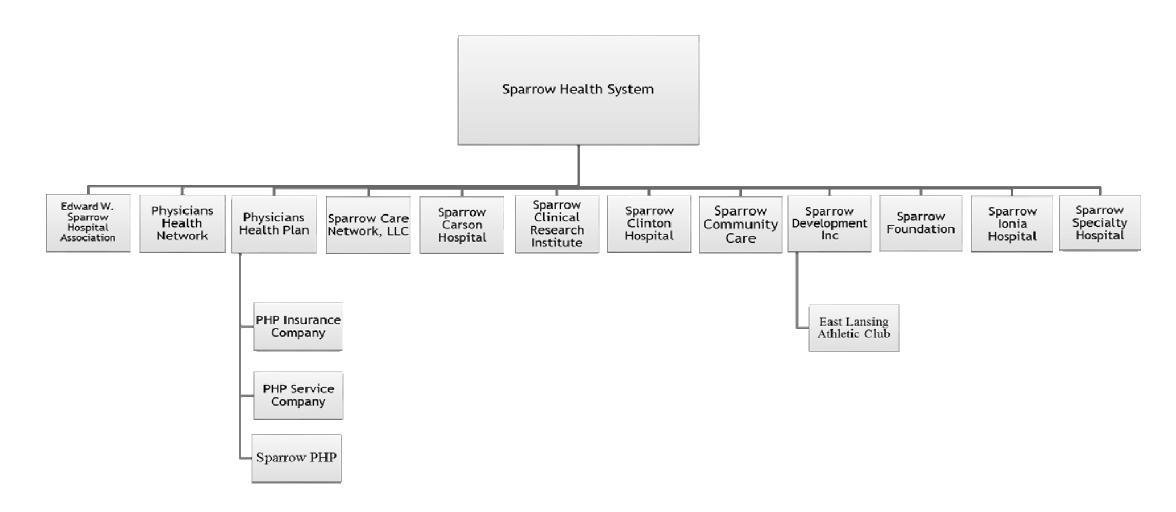
XXX

above)

⁽L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

⁽a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	T												1		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	lf			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filina	
		NAIC				if Publicly Traded	Names of	ciliary	- 1-		Attorney-in-Fact,	Provide		Re-	
Group			ID	Federal		(U.S. or	Parent, Subsidiaries		Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Group	Outside Name	Company	Ni	RSSD	CIK		Or Affiliates	Loca-			Other)			(Y/N)	*
Code	Group Name	Code	Number	R55D	CIK	International)		tion	Entity	(Name of Entity/Person)	/	tage	Entity(ies)/Person(s)	(Y/N)	
			38-1490180	0	. 0		SPARROW CARSON HOSPITAL	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			38-3218134	0	. 0		SPARROW IONIA HOSPITAL	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			46-4526659	0	. 0		SPARROW CARE NETWORK, LLC	M1	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			38-6100687	0	. 0		SPARROW FOUNDATION	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			38-2594856	0	. 0		PHYSICIANS HEALTH NETWORK	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			38-2543305	0	. 0		SPARROW COMMUNITY CARE	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			14-1885340	0	. 0		SPARROW SPECIALTY HOSPITAL	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			38-1358172	0	. 0		SPARROW CLINTON HOSPITAL	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			38-1360584	0	. 0		EW SPARROW HOSPITAL ASSOCIATION	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			38-2595963	0	. 0		SPARROW DEVELOPMENT, INC	MI	NI A	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
			38-3075242	0	. 0		SPARROW CLINICAL RESEARCH INSTITUTE	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
			38-2886420	0	. 0		EAST LANSING ATHLETIC CLUB	MI	NI A	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	N	
	PHYSICIANS HEALTH PLAN	95849	38-2356288	0	. 0		PHYSICIANS HEALTH PLAN	MI	IA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	N	
	PHYSICIANS HEALTH PLAN	11537	36-4497604	0	. 0		SPARROW PHP	MI	IA	PHYSICIANS HEALTH PLAN	Ownership		SPARROW HEALTH SYSTEM	N	
3408	PHYSICIANS HEALTH PLAN	12816	20-5565219	0	0		PHP INSURANCE COMPANY	MI	IA	PHYSICIANS HEALTH PLAN	Ownership		SPARROW HEALTH SYSTEM	N	
	PHYSICIANS HEALTH PLAN		38-3344741	0	. 0		PHP SERVICE COMPANY	MI	NI A	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	Y	
1					.	.									
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Actorick	Explanation
ASIGNSK	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	Explanation:	

 The Medicare Part D Supplement is not applicable to the company as the company is exempt from the continuation of coverage requirement for beneficiaries aging into Medicare Status.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF MARCH 31, 2017 OF THE Physicians Health Plan OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,888,509	2,057,546
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		0
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		0
7.	Deduct current year's other than temporary impairment recognized		0
8.	Deduct current year's depreciation	42,624	169,037
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	2,911,162	1,888,509
10.	Deduct total nonadmitted amounts		0
11.	Statement value at end of current period (Line 9 minus Line 10)	2,911,162	1,888,509

SCHEDULE B - VERIFICATION

Mortgage Loans

	wortgage Loans		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	-	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in the state of the land ammitment the state of the		
9.	Total foreign exchange change in book value/recalled in the lent total foreign exchange change in book value/recalled in the lent total foreign exchange change in book value/recalled in the lent total foreign exchange change in book value/recalled in the lent total foreign exchange change in book value/recalled in the lent total foreign exchange change in book value/recalled in the lent total foreign exchange change in book value/recalled in the lent total foreign exchange change in book value/recalled in the lent total foreign exchange change in book value/recalled in the lent total foreign exchange change in book value/recalled in the lent total foreign exchange change in book value/recalled in the lent total foreign exchange change in the lent total foreign exchange change in the lent total foreign exchange change in the lent total foreign exchange change in the lent total foreign exchange change change in the lent total foreign exchange change		
10.	Deduct current year's other than temporary impalent red zed zed zed zed zed zed zed zed zed z		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Ŭ .	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	11,544,831	11,021,765
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		0
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)	245,482	523,066
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		0
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	11,790,313	11,544,831
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	11,790,313	11,544,831

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	47,874,651	44,358,803
2.	Cost of bonds and stocks acquired	96,217	
3.	Accrual of discount		0
4.	Unrealized valuation increase (decrease)	2,864,598	3,961,755
5.	Total gain (loss) on disposals		256,248
6.	Deduct consideration for bonds and stocks disposed of		2,835,276
7.	Deduct amortization of premium		0
8.	Total foreign exchange change in book/adjusted carrying value		0
9.	Deduct current year's other than temporary impairment recognized		0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	50,835,466	47,874,651
11.	Deduct total nonadmitted amounts	578,265	445,679
12.	Statement value at end of current period (Line 10 minus Line 11)	50,257,202	47,428,972

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
	Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value Beginning	Acquisitions During	Dispositions During	Non-Trading Activity During	Carrying Value End of	Carrying Value End of	Carrying Value End of	Carrying Value December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	13,313,602	30,037,853	28,774,592	0	14,576,863	0	0	13,313,602
2. NAIC 2 (a)	0				0			0
3. NAIC 3 (a)	0				0			0
4. NAIC 4 (a)	0				0			0
5. NAIC 5 (a)	0				0			0
6. NAIC 6 (a)	0				0			0
7. Total Bonds	13,313,602	30,037,853	28,774,592	0	14,576,863	0	0	13,313,602
7. Total Bullus	10,010,002	30,037,033	20,774,332	0	14,570,003	U	0	10,010,002
PREFERRED STOCK								
8. NAIC 1	0				0			
9. NAIC 2	0				0			
10. NAIC 3	0				0			
11. NAIC 4	0				0			
12. NAIC 5	0				0			
13. NAIC 6	0				0			
14. Total Preferred Stock	0	0	0	0	0	0	0	n
	13,313,602	30,037,853	28,774,592		14,576,863	0	0	13,313,602
15. Total Bonds and Preferred Stock	13,313,602	30,03 <i>1</i> ,853	20,774,592	U	14,370,863	U	l 0	13,313,602

a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bot	
--	--

NAIC 1 \$ ______ 14,576,863 ; NAIC 2 \$ _____ ; NAIC 3 \$ _____ NAIC 4 \$ _____ ; NAIC 5 \$ _____ ; NAIC 6 \$ _____

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	27,775,967	XXX	27,775,967	117,313	

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	26,511,385	19,795,409
2.	Cost of short-term investments acquired	30,037,853	146,374,357
3.	Accrual of discount		0
4.	Unrealized valuation increase (decrease)	1,315	1,314
5.	Total gain (loss) on disposals	6	4
6.	Deduct consideration received on disposals	28,774,592	139,659,699
7.	Deduct amortization of premium		0
8.	Total foreign exchange change in book/adjusted carrying value		0
9.	Deduct current year's other than temporary impairment recognized		0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	27,775,968	26,511,385
11.	Deduct total nonadmitted amounts		0
12.	Statement value at end of current period (Line 10 minus Line 11)	27,775,968	26,511,385

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

Schedule E - Verification - Cash Equivalents **NONE**

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

				riorio il il il 22 2 di ling tino odiriorit dadito.				
1			4	5	6	7	8	9
	Location							
	2	3						Additional
							Book/Adjusted	Investment Made After
			Date		Actual Cost at	Amount of	Carrying Value	Made After
Description of Property	City	State	Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Acquisition
PHP Infrastructure Update	Lansing	MI	03/31/2017 Variou	s				1,065,277
PHP Infrastructure Update 0199999. Acquired by Purchase					0	0	0	1,065,277
		·····						
		······						
0399999 - Totals					0	0	0	1,065,277

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

			0	Wing All Flear Estate Dio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
1	Location	on	4	5	6	7	8	Change in	Book/Adjusted	d Carrying Va	alue Less En	cumbrances	14	15	16	17	18	19	20
	2	3				Expended		9	10	11	12	13							
						for	Book/					Total	Book/					Gross	
						Additions,	Adjusted				Total	Foreign	Adjusted					Income	
						Permanent	Carrying		Current		Change in	Exchange	Carrying		Foreign			Earned	
						Improve-	Value Less		Year's	Current	Book/	Change in	Value Less		Exchange	Realized	Total	Less	Taxes,
						ments and	Encum-	Current	Other Than	Year's	Adjusted	Book/	Encum-	Amounts	Gain	Gain	Gain	Interest	Repairs
						Changes	brances	Year's	Temporary	Change in	Carrying	Adjusted	brances	Received	(Loss)	(Loss)	(Loss)	Incurred on	and
			Disposal		Actual	in Encum-	Prior	Depre-	Impairment	Encum-	Value	Carrying	on	During	on	on	on	Encum-	Expenses
Description of Property	City	State	Date	Name of Purchaser	Cost	brances	Year	ciation	Recognized	brances	(11-9-10)	Value	Disposal	Year	Disposal	Disposal	Disposal	brances	Incurred
			ļ																
								\											
							<i></i>												
						+													+
									-										t
			İ						1										İ
0399999 - Totals																			

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

			Show All L	ong-Term Bonds and Stock Acquired During the Current Quarter				
1	2	3	4	5 6	7	8	9	10
								NAIC Desig-
				Number of			Daid fan Asamuad	nation or
CUSIP			Date	Number of Shares of			Paid for Accrued Interest and	Market Indicator
Identification	Description	Foreign	Acquired	Name of Vendor Stock	Actual Cost	Par Value	Dividends	(a)
identification	Description	roreign	Acquired	Name of Vendor Stock	Actual Cost	rai value	Dividends	(a)
0599999. Subto	otal - Bonds - U.S. Governments				0	0	(XXX
						-		
1099999. Subto	otal - Bonds - All Other Governments				0	0	(XXX
1799999. Subto	otal - Bonds - U.S. States, Territories and Possessions	1	•		0	0	(XXX
0.4000000 Code	-t-l Dd- IIO D-liti-IO b-liti-i							
2499999. Subto	otal - Bonds - U.S. Political Subdivisions of States, Territories and Possessi	ions	1		0	0	(XXX
3199999 Subtr	otal - Bonds - U.S. Special Revenues				0	0		XXX
0100000. Oubit	otal Bonds C.S. Opecial Nevendes	I	L					7000
3899999. Subto	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)				0	0	(XXX
4899999. Subto	otal - Bonds - Hybrid Securities				0	0	(XXX
5599999. Subto	otal - Bonds - Parent, Subsidiaries and Affiliates		•		0	0	(XXX
0100000 Cubb	otal - Bonds - SVO Identified Funds							XXX
	otal - Bonds - SVO Identified Funds - Bonds - Part 3	0	0	(XXX XXX			
	- Bonds - Part 5	XXX	XXX	XXX	XXX			
8399999. Total		^^^	^^^		XXX			
00000000. Total	- Donas				0			, XXX
8499999. Subto	otal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)				0	XXX		XXX
	otal - Preferred Stocks - Parent, Subsidiaries and Affiliates				0	XXX	(XXX
	- Preferred Stocks - Part 3	0	XXX	(XXX			
	- Preferred Stocks - Part 5				XXX	XXX	XXX	XXX
8999999. Total	- Preferred Stocks	1			0	XXX	(XXX
9099999. Subto	otal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)	1	1		0	XXX	(XXX
0100000 Subt	otal - Common Stocks - Parent, Subsidiaries and Affiliates					XXX		XXX
	SEI Institutional Investment Trust - Core Fixed Income		03/31/2017	VARIOUS 9.4	2.89096,217) ///
	otal - Common Stocks - Mutual Funds			V) 1	96,217		(XXX
	otal - Common Stocks - Money Market Mutual Funds				0	XXX		XXX
	- Common Stocks - Part 3	96,217		(XXX			
	- Common Stocks - Part 5				XXX	XXX	XXX	XXX
	- Common Stocks				96,217		(XXX
	- Preferred and Common Stocks	96,217	XXX	(XXX			
9999999 - Tota	als				96,217	XXX	(XXX

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of **NONE**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH Month End Depository Balances

			End Depository					9
1					at End of Each Month			
					During Current Quarter			
			Amount of	Amount of	6	7	8	
			Interest Received					
		Rate of	During Current	at Current				
1 /		Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
Comerica Bank Detroit, MI					(66,090)		(65,019)	XXX
PNC Bank Chicago, IL					(3,366,966)	(3,352,400)	(4,276,968)	XXX
Bank of America Chicago, IL	ļ				756,950	271,018	567,356	XXX
0199998. Deposits in 3 depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	(2,676,106)	(3, 146, 400)	(3,774,631)	XXX
0299998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	(2,676,106)	(3,146,400)	(3,774,631)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
	ļ							
	<u> </u>							
	L	l						
								T
	Ī							
		<u> </u>						1
0599999. Total - Cash	XXX	XXX	0	0	(2,676,106)	(3,146,400)	(3,774,631)	XXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter NONE